



Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2815, Expedited Procedure

03500.015304.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|-----------------------------|---|---------------------------------|
| In re Application of: |) | |
| | : | Examiner: Bradley W. Baumeister |
| MASANORI OGURA ET AL. |) | |
| | : | Group Art Unit: 2815 |
| Application No.: 09/837,210 |) | |
| | : | |
| Filed: April 19, 2001 |) | |
| | : | |
| For: SOLID-STATE IMAGING |) | |
| DEVICE | : | February 2, 2004 |

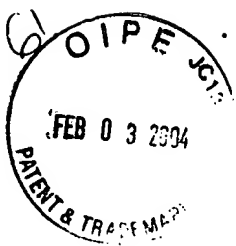
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

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FEB-5 2004
TECHNOLOGY CENTER 2800

Sir:

In response to the Office Action dated December 17, 2003, please amend the above-identified application as follows. The claims changes are reflected in the listing that begins at page 2, and the Remarks begin at page 7.



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AP/2815

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2815, Expedited Procedure

In re Application of:

Docket No. 03500.015304

MASANORI OGURA, ET AL.

Application No.: 09/837,210

Examiner: Bradley W. Baumeister

Filed: April 19, 2001

Group Art Unit: 2815

For: SOLID-STATE IMAGING DEVICE

Date: February 2, 2004

Mail Stop AF
The Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

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| CLAIMS AS AMENDED | | | | | | |
|---|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 11 | MINUS | ** 40 | = 0 | x \$9 \$18 | \$0.00 |
| INDEP. CLAIMS | * 2 | MINUS | *** 3 | = 0 | x \$43 \$86 | \$0.00 |
| Fee for Multiple Dependent claims \$145/\$290 | | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0.00 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 47,138

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3801
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